8976 Wellington Road
Manassas, VA 20109

June 14, 2016

Ana T. Westernik
Environmental Specialist II
Virginia Department of Environmental Quality
13901 Crown Court
Woodbridge, VA 22193-1453

Reference: VPDES Permit No. VA0085901 Renewal Application

Dear Ms. Westernik:

Enclosed are the original and one electronic copy of IBM Corporation's permit application (Forms 1, 2C, and Addendum) for the renewal of VPDES Permit No. VA0085901. The permit application has been signed by Ms. Edan T. Dionne, IBM Director for Corporate Environmental Affairs. Ms. Dionne is responsible for IBM's corporate environmental planning and policies and meets the permit application signatory requirements set forth in 9 VAC 25-31-110. Also enclosed is the original signed Public Notice Authorization Form

If you have any questions or need additional information, please contact Dean Chartrand at (703) 257-2583.

Sincerely yours,

M. E. Meyers

Mitchell E. Meyers
Manager, Environmental Remediation
Corporate Environmental Affairs

Enclosures

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: Mr. Mitchell E. Meyers, Program Manager

Owner: IBM Corporation

Applicant's Address: 8976 Wellington Road

Manassas, VA 20109

Agent's Telephone Number: 703-257-2587

Authorizing Agent: M. E. Meyers
Signature

VPDES Permit No. VA0085901
Facility Name: IBM Corporation

Please return to:

Anna Westernik
VA-DEQ, NRO
13901 Crown Court
Woodbridge, VA 22193-1453
Anna.Westernik@deq.virginia.gov

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0086.

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	See Form 3510-1 Note 1.		D
1 2	13	14	15

LABEL ITEMS	
I. EPA I.D. NUMBER	PLEASE PLACE LABEL IN THIS SPACE
III. FACILITY NAME	
V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION	

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	Mark "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.**? (FORM 2A)		X	
	16	17	18
B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.**? (FORM 2B)		X	
	19	20	21
C. Is this a facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	X		X
	22	23	24
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.**? (FORM 2D)		X	
	25	26	27
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)		X	
	28	29	30
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
	31	32	33
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
	34	35	36
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
	37	38	39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
	40	41	42
J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area**? (FORM 5)		X	
	43	44	45

III. NAME OF FACILITY

C		
1	SKIP	International Business Machines Corporation
15	16 - 29	30 69

IV. FACILITY CONTACT

C	A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2	Chartrand, Dean - Program Manager	(703) 257-2583
15	16 45	46 48 49 51 52- 55

V. FACILTY MAILING ADDRESS

C	A. STREET OR P.O. BOX
3	8976 Wellington Road
15	16 45

C	B. CITY OR TOWN	C. STATE	D. ZIP CODE
4	Manassas	VA	20109
15	16 40	41 42	47 51

VI. FACILITY LOCATION

C	A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
5	See Form 3510-1 Note 2.
15	16 45

B. COUNTY NAME
NA
46 70

C	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6	Manassas	VA	20110	
15	16 40	41 42	47 51	52 -54

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST	B. SECOND
4959 (specify) Sanitary Services, NEC	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: International Business Machines Corporation

B. Is the name listed in Item VIII-A also the owner? ☑ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box: if "Other," specify.)*

F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC *(other than federal or state)*
O = OTHER *(specify)*

P (specify)

D. PHONE *(area code & no.)*: A (703) 257-2583

E. STREET OR P.O. BOX: 8976 Wellington Road

F. CITY OR TOWN: Manassas

G. STATE: VA

H. ZIP CODE: 20109

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☑ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*
9 N VA0085901	9 P NA
B. UIC *(Underground Injection of Fluids)*	**E. OTHER** *(specify)*
9 U NA	9 NA (specify)
C. RCRA *(Hazardous Wastes)*	**E. OTHER** *(specify)*
9 R NA	9 NA (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

IBM Corporation owns and operates four groundwater treatment facilities which extract and treat groundwater to prevent the migration of and to remove volatile organic compounds (VOC) present in the groundwater. VOCs in groundwater are associated with historic manufacturing operations at the former IBM Manassas facility. The groundwater remediation program is being conducted as part of an EPA approved corrective action program.

The former IBM manassas facility is owned by several companies, including Lockheed Martin and Micron Technology. IBM's groundwater operations are independent of both companies. The outfalls for the groundwater treatment facility are located on the following properties:

- Outfall 001 is located on Lockhead Martin Property;
- Outfall 002 is located on Micron Technology property;
- Outfall 003 is located on City of Manassas property; and,
- Outfall 004 is located on Prince William County property.

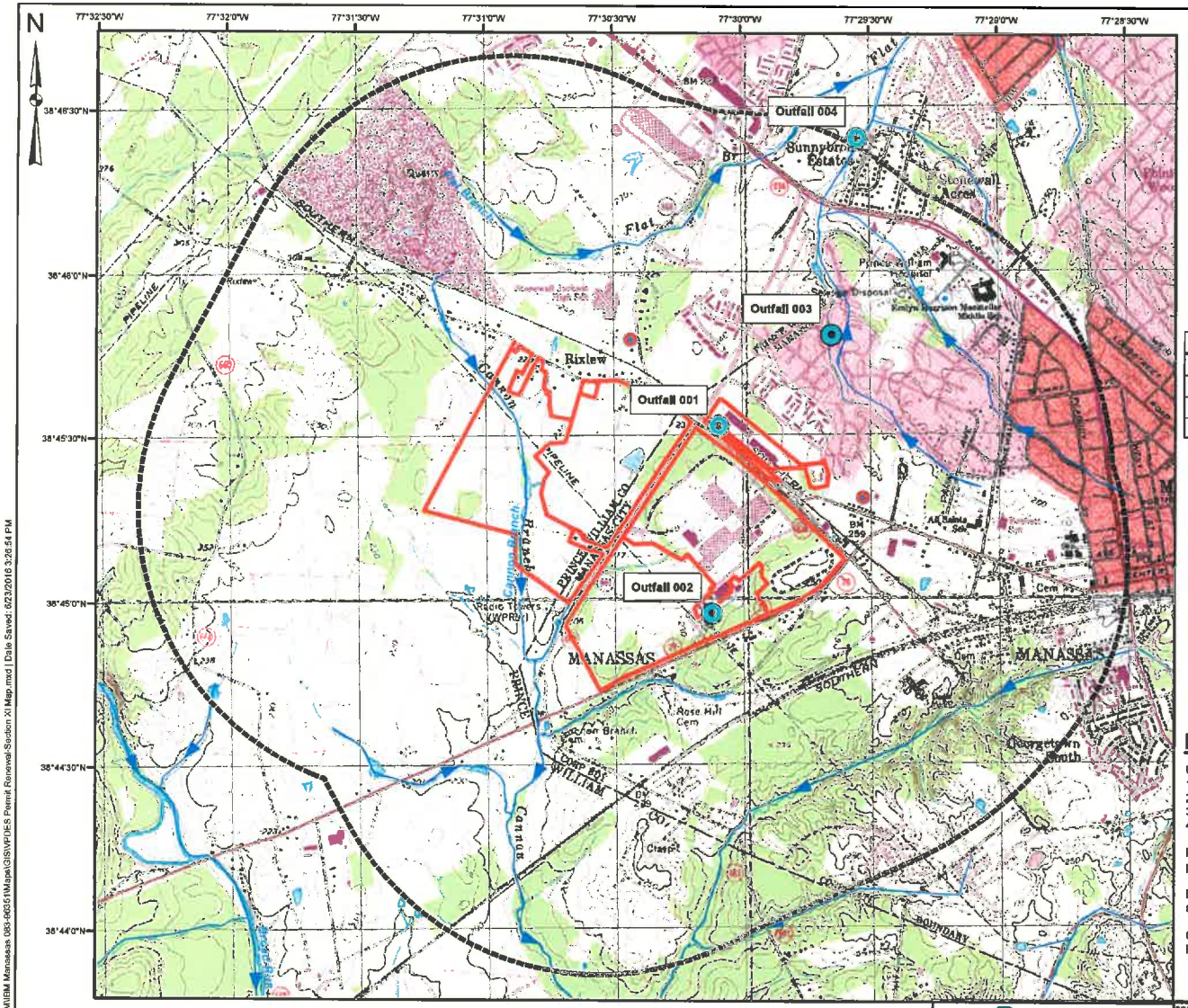
XIII. CERTIFICATION *(see instructions)*

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
Edan T. Dionne, Director, Corporate Environmental Affairs	Edan T. Dionne	6/13/2016

COMMENTS FOR OFFICIAL USE ONLY

C



LEGEND

- IBM VPDES Outfalls

Virginia DEQ Well Data

- Town of Manassas Well No. 8
- Private Water Supply Well Locations
- Streams
- Property Boundary
- 1Mile Buffer from Property Boundary

Outfall ID	IBM Facility ID	EPA ID	Latitude	Longitude
Outfall 001	B101	VAR000518282	38 45 31.7	-77 30 5.6
Outfall 002	D-47	VAD064872575	38 44 57.5	-77 30 7.4
Outfall 003	OF-34	VAR000518290	38 45 48.3	-77 29 39.1
Outfall 004	PW-07	VAR000518316	38 46 24.2	-77 29 32.9

REFERENCES

USGS 7.5 Minute Quadrangle Maps:
1. Manassas, VA (Map MRC: 38077G4)
2. Nokesville, VA (Map MRC: 38077F5)
3. Gainesville, VA (Map MRC: 38077G5)
4. Independent Hill, VA (Map MRC: 38077F4)

Private Water Supply Well Locations - Digitized from well survey map submitted from the 2005 permit Renewal.

EPA Hazardous Waste Facilities - Data obtained from the EPA Registered Facility Database available at: www.epa.gov/enviro/geo_data.html

Coordinate System: NAD 1983 StatePlane Virginia North FIPS 4501 Feet
Projection: Lambert Conformal Conic

Richmond, VA
Golder Associates

SCALE	AS SHOWN
DATE	6/23/2016
DESIGN	CGP
GIS	ALB
CHECK	JMC
REVIEW	BJE
FILE No.	VPDES Permit Renewal-Section XI Map
PROJECT No.	0839835118.400.B
REV.	1

VPDES Permit Renewal
EPA Form 2C Section XI
One Mile Radius Map

Former IBM-Manassas

FIGURE 1

Map Document: G:\Projects\IBM\IBM Manassas 083-96351\Maps\GIS\VPDES Permit Renewal-Section XI Map.mxd | Date Saved: 6/23/2016 3:26:54 PM

IBM Corporation
Manassas, VA

EPA Form 3510-1 Notes
VPDES Permit No. VA0085901

Note 1.
Since the current VPDES permit was issued, per Virginia Department of Environmental Quality direction IBM has obtained separate EPA ID Nos. for the groundwater treatment facilities associated with each outfall and are shown below.

Note 2.

Outfall 001
9100 Ashton Avenue, Building 500
Manassas, VA 20110
City of Manassas
EPA ID No. VAR000518282

Outfall 002
9600 Godwin Drive, Building 401
Manassas, VA 20110
City of Manassas
EPA ID No. VAD064872575

Outfall 003
8944 Rolling Road
Manassas, VA 20110
City of Manassas
EPA ID No. VAR000518290

Outfall 004
8417 Sunset Drive
Manassas, VA 20110
Prince William County
EPA ID No. VAR000518316

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
See Form 3510-2C Note 1.

Form Approved.
OMB No. 2040-0086.
Approval expires 3-31-98.

FORM 2C NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (*list*)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (*name*)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38	45	31.7	-77	30	5.6	Unnamed tributary to Canon Branch
002	38	44	57.5	-77	30	7.4	Unnamed tributary to Canon Branch
003	38	45	48.3	-77	29	39.1	Unnamed tributary to Flat Branch
004	38	46	24.2	-77	29	32.9	Unnamed tributary to Flat Branch

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures. **See attached water balance line drawing.**

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (*list*)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (*list*)	b. AVERAGE FLOW (*include units*) *	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	Groundwater pump and treat system.	0.252 MGD	Two stage carbon adsorption	2	A
	De minimus groundwater monitoring	0.001 MGD			
	and vapor extraction wells purge				
	water.				
002	Groundwater pump and treat system.	0.252 MGD	Two stage carbon adsorption	2	A
	De minimus groundwater monitoring	0.00001 MGD			
	well purge water.				
003	Groundwater pump and treat system	0.252 MGD	Two stage carbon adsorption	2	A
004	Groundater pump and treat system	0.504 MGD	Two stage carbon adsorption	2	A
	*Design flow rates for treatment systems based on 15 minute contact time.				

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (*complete the following table*) ☑ NO (*go to Section III*)

1. OUTFALL NUMBER (*list*)	2. OPERATION(s) CONTRIBUTING FLOW (*list*)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (*specify average*)	b. MONTHS PER YEAR (*specify average*)	a. FLOW RATE (*in mgd*)		B. TOTAL VOLUME (*specify with units*)		C. DURATION (*in days*)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
	Not applicable							

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES (*complete Item III-B*) ☑ NO (*go to Section IV*)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (*or other measure of operation*)?

☐ YES (*complete Item III-C*) ☐ NO (*go to Section IV*)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (*list outfall numbers*)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (*specify*)	
	Not applicable		

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☑ YES (*complete the following table*) ☐ NO (*go to Item IV-B*)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED
RCRA 3008(h) Administrative Order on Consent (RCRA III-032-CA) between IBM and EPA, dated Feb, 1991	001 002 003 004	Treated Groundwater Treated Groundwater Treated Groundwater Treated Groundwater	Four groundwater pump and treat systems to prevent the migration of and remove the following volatile organic compounds: - tetrachloroethene(PCE) - trichloroethene(TCE) - trans 1,2-dichloroethene (DCE) - 1,1,1-trichloroethane (TCA)		2041

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (*or other environmental projects which may affect your discharges*) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
See Form 2C Note 1.

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None	NA	None	NA

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (*list all such pollutants below*) ☑ NO (*go to Item VI-B*)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☑ YES (*identify the test(s) and describe their purposes below*) ☐ NO (*go to Section VIII*)

Whole effluent toxicity tests have been conducted on the effluent from outfall 003 pursuant to the terms and conditions of the current VPDES permit (i.e. once every five years). Tests included 48 hour static acute tests with Ceriodaphania dubia and Pimephales promelas and chronic 3-brood static renewal/survival and reproduction test with Ceriodaphania dubia, and chronic 7-day static/renewal survival and growth test with Pimephales promelus.

Results have been reported in the discharge monitoring reports.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

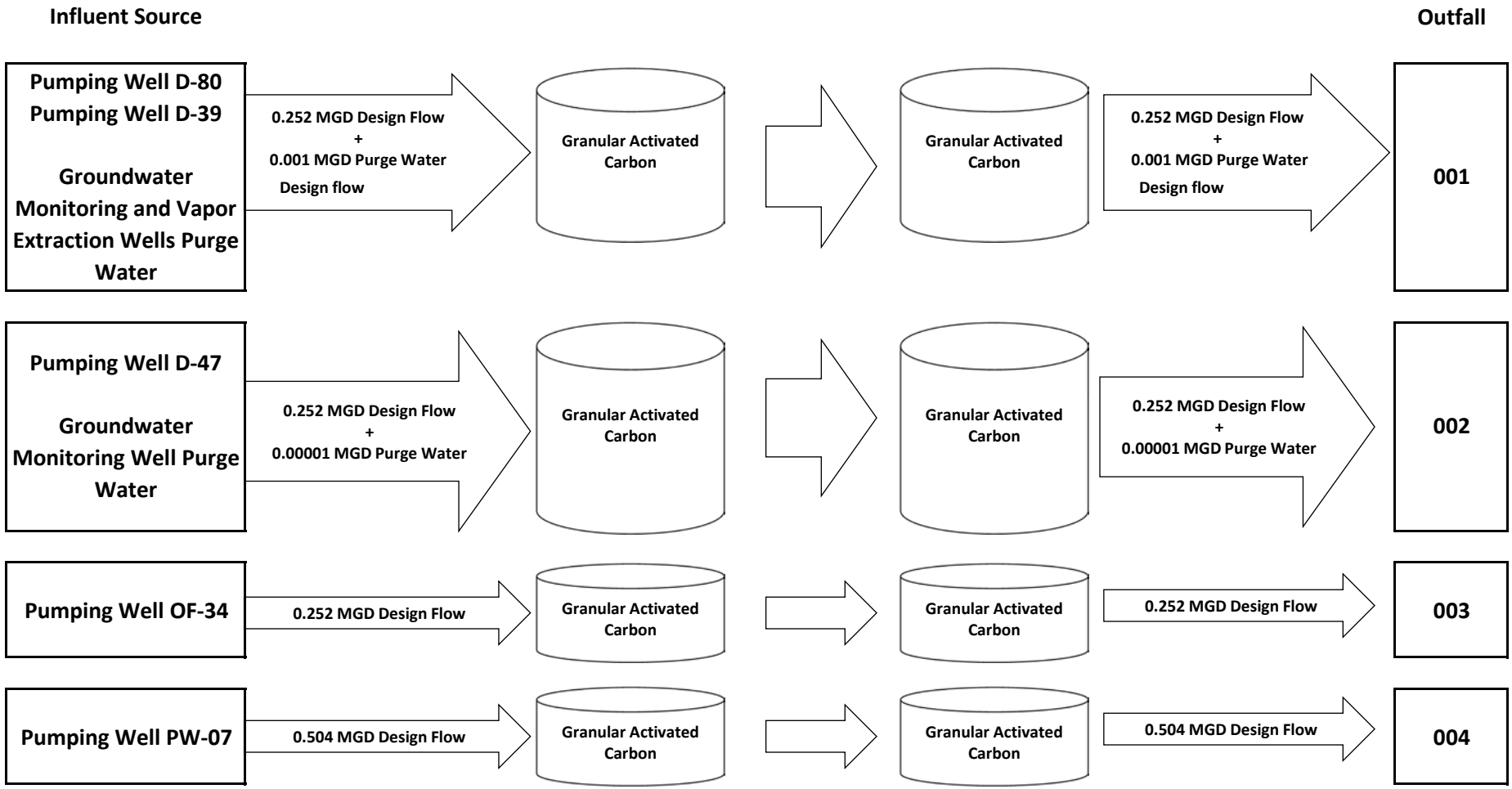
☑ YES (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*) ☐ NO (*go to Section IX*)

A. NAME	B. ADDRESS	C. TELEPHONE (*area code & no.*)	D. POLLUTANTS ANALYZED (*list*)
GPL Laboratories	7210A Corporate Court Frederick, MD 21703	301-694-5310	Conventional pollutants, metals, organics,pesticides, and volatiles
Frederickstowne Labs, Inc.	3020 Ventrie Court Myersville, MD 21778	301-293-3340	Fecal coliform
Paradigm Analytical Laboratories, Inc.	5500 Business Drive Wilmington, NC 28450	910-350-1903	Dioxane
SGS Accutest Laboratories	2235 Route 130, Dayton, NJ 08810	732-329-0200	Volatiles, pesticides, and metals

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (*type or print*)	B. PHONE NO. (*area code & no.*)
Edan T. Dionne, Director, Corporate Environmental Affairs	(914) 766-2729
C. SIGNATURE	D. DATE SIGNED
	6/13/2016



Water Balanace Line Drawing of Existing IBM Groundwater Treatment System

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VAR000518282

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 001

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. **See Form 3510-2C Note 2.**

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	<2.0						1	mg/L				
b. Chemical Oxygen Demand (*COD*)	<20						1	mg/L				
c. Total Organic Carbon (*TOC*)	<1.0						1	mg/L				
d. Total Suspended Solids (*TSS*)	<4.0						1	mg/L				
e. Ammonia (*as N*)	<0.20						1	mg/L				
f. Flow	VALUE 0.051		VALUE 0.048		VALUE 0.040		365	NA	MGD	VALUE		
g. Temperature (*winter*)	VALUE 18.5		VALUE 18.5		VALUE 16.3		4	°C		VALUE		
h. Temperature (*summer*)	VALUE 20.9		VALUE 20.9		VALUE 18.7		4	°C		VALUE		
i. pH	MINIMUM 6.45	MAXIMUM 7.60	MINIMUM 6.45	MAXIMUM 7.60			8	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAR000518282	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS **See Form 3510-2C Note 3.**															
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*) **See Form 3510-2C Note 4.**															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)		X		<0.51	<0.08			<0.27	<0.04	24	ug/L	g/day			
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)		X		<0.35	<0.05			<0.25	<0.04	24	ug/L	g/day			
27V. 1,1,1-Trichloro-ethane (71-55-6)		X		<0.21	<0.03			<0.17	<0.03	24	ug/L	g/day			
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)		X		<0.25	<0.04			<0.19	<0.03	24	ug/L	g/day			
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichloro-benzene (106-46-7)			X												
23B. 3,3-Dichloro-benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro-toluene (121-14-2)			X												
28B. 2,6-Dinitro-toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro-benzene (118-74-1)			X												
34B. Hexachloro-butadiene (87-68-3)			X												
35B. Hexachloro-cyclopentadiene (77-47-4)			X												
36B Hexachloro-ethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro-sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAR000518282	001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VAD064872575

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 002

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. **See Form 3510-2C Note 2.**

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	<2.0						1	mg/L				
b. Chemical Oxygen Demand (*COD*)	<20						1	mg/L				
c. Total Organic Carbon (*TOC*)	<1.0						1	mg/L				
d. Total Suspended Solids (*TSS*)	<4.0						1	mg/L				
e. Ammonia (*as N*)	<0.20						1	mg/L				
f. Flow	VALUE 0.051		VALUE 0.049		VALUE 0.047		365	NA	MGD	VALUE		
g. Temperature (*winter*)	VALUE 18.2		VALUE 18.2		VALUE 15.4		4	°C		VALUE		
h. Temperature (*summer*)	VALUE 26.1		VALUE 26.1		VALUE 20.5		4	°C		VALUE		
i. pH	MINIMUM 7.19	MAXIMUM 7.56	MINIMUM 7.19	MAXIMUM 7.56			8	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAD064872575	002

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS	**See Form 3510-2C Note 2.**														
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*) **See Form 3510-2C Note 4.**															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)		X		<0.51	<0.09			<0.24	<0.04	21	ug/L	g/day			
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)		X		<0.35	<0.06			<0.24	<0.04	21	ug/L	g/day			
27V. 1,1,1-Trichloro-ethane (71-55-6)		X		<0.21	<0.04			<0.16	<0.03	21	ug/L	g/day			
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)		X		<0.25	<0.04			<0.18	<0.03	21	ug/L	g/day			
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichloro-benzene (106-46-7)			X												
23B. 3,3-Dichloro-benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro-toluene (121-14-2)			X												
28B. 2,6-Dinitro-toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro-benzene (118-74-1)			X												
34B. Hexachloro-butadiene (87-68-3)			X												
35B. Hexachloro-cyclopentadiene (77-47-4)			X												
36B Hexachloro-ethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro-sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAD064872575	002

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VAR000518290

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 003

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. **See Form 3510-2C Note 2.**

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	<2.0						1	mg/L				
b. Chemical Oxygen Demand (*COD*)	<20						1	mg/L				
c. Total Organic Carbon (*TOC*)	<1.0						1	mg/L				
d. Total Suspended Solids (*TSS*)	<4.0						1	mg/L				
e. Ammonia (*as N*)	<0.20						1	mg/L				
f. Flow	VALUE 0.079		VALUE 0.072		VALUE 0.060		365	NA	MGD	VALUE		
g. Temperature (*winter*)	VALUE 16.9		VALUE 16.9		VALUE 15.2		4	°C		VALUE		
h. Temperature (*summer*)	VALUE 23.8		VALUE 23.8		VALUE 19.4		4	°C		VALUE		
i. pH	MINIMUM 6.94	MAXIMUM 7.91	MINIMUM 6.94	MAXIMUM 7.91			8	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAR000518290	003

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS				See Form 3510-2C Note 3.											
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*) **See Form 3510-2C Note 4.**															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)		X		<0.51	<0.12			<0.24	<0.05	21	ug/L	g/day			
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)		X		<0.35	<0.08			<0.24	<0.05	21	ug/L	g/day			
27V. 1,1,1-Trichloro-ethane (71-55-6)		X		<0.21	<0.05			<0.16	<0.04	21	ug/L	g/day			
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)		X		<0.25	<0.06			<0.18	<0.04	21	ug/L	g/day			
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichloro-benzene (106-46-7)			X												
23B. 3,3-Dichloro-benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro-toluene (121-14-2)			X												
28B. 2,6-Dinitro-toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro-benzene (118-74-1)			X												
34B. Hexachloro-butadiene (87-68-3)			X												
35B. Hexachloro-cyclopentadiene (77-47-4)			X												
36B Hexachloro-ethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro-sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAR000518290	003

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)
VAR000518316

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 004

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details. **See Form 3510-2C Note 2.**

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	3. UNITS (*specify if blank*) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (*BOD*)	<2.0						1	mg/L				
b. Chemical Oxygen Demand (*COD*)	<20						1	mg/L				
c. Total Organic Carbon (*TOC*)	<1.0						1	mg/L				
d. Total Suspended Solids (*TSS*)	<4.0						1	mg/L				
e. Ammonia (*as N*)	<0.20						1	mg/L				
f. Flow	VALUE 0.197		VALUE 0.200		VALUE 0.180		365	NA	MGD	VALUE		
g. Temperature (*winter*)	VALUE 17.8		VALUE 17.8		VALUE 16.3		4	°C		VALUE		
h. Temperature (*summer*)	VALUE 19.5		VALUE 19.5		VALUE 18.3		4	°C		VALUE		
i. pH	MINIMUM 7.12	MAXIMUM 7.44	MINIMUM 7.12	MAXIMUM 7.44			8	STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X" a. BELIEVED PRESENT	2. MARK "X" b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (*if available*) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (*if available*) (2) MASS	c. LONG TERM AVRG. VALUE (*if available*) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (*if available*) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (*optional*) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (*as N*)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (*if available*)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (*as N*)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (*as SO_4*) (14808-79-8)		X												
l. Sulfide (*as S*)		X												
m. Sulfite (*as SO_3*) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAR000518316	004

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)		X		3.7	2.52			3.45	2.35	6	ug/L	g/day	**See Form 3510-2C Note 2a.**		
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS				See Form 3510-2C Note 3.											
1V. Accrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X												
4V. Bis (*Chloro-methyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X												
6V. Carbon Tetrachloride (56-23-5)			X												
7V. Chlorobenzene (108-90-7)			X												
8V. Chlorodi-bromomethane (124-48-1)			X												
9V. Chloroethane (75-00-3)			X												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X												
12V. Dichloro-bromomethane (75-27-4)			X												
13V. Dichloro-difluoromethane (75-71-8)			X												
14V. 1,1-Dichloro-ethane (75-34-3)			X												
15V. 1,2-Dichloro-ethane (107-06-2)			X												
16V. 1,1-Dichloro-ethylene (75-35-4)			X												
17V. 1,2-Dichloro-propane (78-87-5)			X												
18V. 1,3-Dichloro-propylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X												
20V. Methyl Bromide (74-83-9)			X												
21V. Methyl Chloride (74-87-3)			X												

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (*continued*) **See Form 3510-2C Note 4.**															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloro-ethylene (127-18-4)		X		<0.51	<0.35			<0.24	<0.16	21	ug/L	g/day			
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)		X		<0.35	<0.24			<0.24	<0.16	21	ug/L	g/day			
27V. 1,1,1-Trichloro-ethane (71-55-6)		X		<0.21	<0.14			<0.16	<0.11	21	ug/L	g/day			
28V. 1,1,2-Trichloro-ethane (79-00-5)			X												
29V Trichloro-ethylene (79-01-6)		X		<0.25	<0.17			<0.18	<0.13	21	ug/L	g/day			
30V. Trichloro-fluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichloro-phenol (120-83-2)			X												
3A. 2,4-Dimethyl-phenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitro-phenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachloro-phenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichloro-phenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X												
2B. Acenaphtylene (208-96-8)			X												
3B. Anthracene (120-12-7)			X												
4B. Benzidine (92-87-5)			X												
5B. Benzo (*a*) Anthracene (56-55-3)			X												
6B. Benzo (*a*) Pyrene (50-32-8)			X												
7B. 3,4-Benzo-fluoranthene (205-99-2)			X												
8B. Benzo (*ghi*) Perylene (191-24-2)			X												
9B. Benzo (*k*) Fluoranthene (207-08-9)			X												
10B. Bis (*2-Chloro-ethoxy*) Methane (111-91-1)			X												
11B. Bis (*2-Chloro-ethyl*) Ether (111-44-4)			X												
12B. Bis (*2-Chloroisopropyl*) Ether (102-80-1)			X												
13B. Bis (*2-Ethyl-hexyl*) Phthalate (117-81-7)			X												
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X												
15B. Butyl Benzyl Phthalate (85-68-7)			X												
16B. 2-Chloro-naphthalene (91-58-7)			X												
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X												
18B. Chrysene (218-01-9)			X												
19B. Dibenzo (*a,h*) Anthracene (53-70-3)			X												
20B. 1,2-Dichloro-benzene (95-50-1)			X												
21B. 1,3-Di-chloro-benzene (541-73-1)			X												

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
22B. 1,4-Dichloro-benzene (106-46-7)			X												
23B. 3,3-Dichloro-benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131 -11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro-toluene (121-14-2)			X												
28B. 2,6-Dinitro-toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl-hydrazine (*as Azo-benzene*) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro-benzene (118-74-1)			X												
34B. Hexachloro-butadiene (87-68-3)			X												
35B. Hexachloro-cyclopentadiene (77-47-4)			X												
36B Hexachloro-ethane (67-72-1)			X												
37B. Indeno (*1,2,3-cd*) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro-sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (*continued*)															
43B. N-Nitro-sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri-chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Enosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

CONTINUE ON PAGE V-9

EPA I.D. NUMBER (*copy from Item 1 of Form 1*)	OUTFALL NUMBER
VAR000518316	004

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (*if available*)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (*optional*)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (*if available*)		c. LONG TERM AVRG. VALUE (*if available*)		d. NO. OF ANALYSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (*continued*)															
17P. Heptachlor Epoxide (1024-57-3)			X												
18P. PCB-1242 (53469-21-9)			X												
19P. PCB-1254 (11097-69-1)			X												
20P. PCB-1221 (11104-28-2)			X												
21P. PCB-1232 (11141-16-5)			X												
22P. PCB-1248 (12672-29-6)			X												
23P. PCB-1260 (11096-82-5)			X												
24P. PCB-1016 (12674-11-2)			X												
25P. Toxaphene (8001-35-2)			X												

IBM Corporation
Manassas, VA

EPA Form 3510-2C Notes
VPDES No. VA0085901

Note 1.
Since the current VPDES permit was issued and per Virginia Department of Environmental Quality direction, IBM has obtained separate EPA ID Nos. for the groundwater treatment facilities associated with each outfall. The EPA ID Nos. for the respective outfalls are presented on the respective page headings.

Note 2.
Outfalls 001, 002, 003, and 004 –

Effluent results reported for BOD, COD, TOC, TSS, and ammonia (as N) are from a sample collected on March 30, 2016. The certificate of analysis for these constituents is attached.

Maximum daily flow values and 30 day values are based on the maximum daily flow recorded for the year 2015.

Temperature and pH values are based on quarterly sample results from 2014 and 2015.

Note 2a.
Outfall 004 –Samples were collected semi-annually and analyzed for selenium as a condition of this current permit cycle. Sample detections from 2013 through 2015 were used to determine maximum daily values and long term averages. Selenium is not a constituent of concern (*tetrachloroethene, trichloroethene, trans 1,2 -dichloroethene, and trichloroethene*) for the active groundwater remediation program but is believed to be present in these trace amounts due to natural degradation of bedrock.

Note 3.
Outfall 001, 002, 003 and 004 – Quarterly VOC effluent samples collected from 4th Quarter 2010 through 4th Quarter 2015 were used to characterize the effluent discharge.

Note 4.
Outfalls 001, 002, 003, and 004 - Concentrations of the constitutions of concern (tetrachloroethene, trichloroethene, trans 1,2 -dichloroethene, and trichloroethane) were non-detectable below both the method detection limit and the laboratory reporting limit (RL) of 1 ug/L. The laboratories highest MDL in the last five years for each constituent of concern was reported for the maximum daily value. The average method detection limit for the last five years was reported for the long term averages. These values that are below both the MDL and RL are reported with a less than sign (<) in front of the value.

e-Hardcopy 2.0
Automated Report

Technical Report for

Golder Associates, Inc.

IBM Manassas, 8976 Wellington Road, Manassas, VA

0839635116

SGS Accutest Job Number: JC17317

Sampling Date: 03/30/16

Report to:

Golder Associates
2108 West Laburnum Avenue Suite 200
Richmond, VA 23227
Jennifer_Fisher@golder.com; chartd@us.ibm.com;
ibmedds@craworld.com; Joseph_Church@golder.com;
ATTN: Joe Church

Total number of pages in report: **127**

Test results contained within this data package meet the requirements of the National Environmental Laboratory Accreditation Program and/or state specific certification programs as applicable.

Nancy Cole
Laboratory Director

Client Service contact: Victoria Pushkova 732-329-0200

Certifications: NJ(12129), NY(10983), CA, CT, DE, FL, IL, IN, KS, KY, LA, MA, MD, MI, MT, NC, OH VAP (CL0056), AK (UST-103), AZ (AZ0786), PA, RI, SC, TN, TX, VA, WV, DoD ELAP (L-A-B L2248)

Sections: 1 2 3 4 5 6 7

Table of Contents

Sample Summary

Golder Associates, Inc.

Job No: JC17317

IBM Manassas, 8976 Wellington Road, Manassas, VA
Project No: 0839635116

Sample Number	Collected Date	Time	By	Received	Matrix Code	Type	Client Sample ID
JC17317-1	03/30/16	12:40	JC	03/31/16	AQ	Ground Water	MO33116NB101B
JC17317-2	03/30/16	15:10	JC	03/31/16	AQ	Ground Water	MO33116NOF34B
JC17317-3	03/30/16	15:30	JC	03/31/16	AQ	Ground Water	MO33116NPW07B
JC17317-4	03/30/16	15:59	JC	03/31/16	AQ	Ground Water	MO33116ND47B

CASE NARRATIVE / CONFORMANCE SUMMARY

Client: Golder Associates, Inc. **Job No** JC17317

Site: IBM Manassas, 8976 Wellington Road, Manassas, VA **Report Date** 4/13/2016 3:23:27 PM

On 03/31/2016, 4 Sample(s), 0 Trip Blank(s) and 0 Field Blank(s) were received at Accutest Laboratories at a maximum corrected temperature of 2.5 C. Samples were intact and chemically preserved, unless noted below. An Accutest Job Number of JC17317 was assigned to the project. Laboratory sample ID, client sample ID and dates of sample collection are detailed in the report's Results Summary Section.

Specified quality control criteria were achieved for this job except as noted below. For more information, please refer to the analytical results and QC summary pages.

Wet Chemistry By Method SM2540 D-11

Matrix: AQ **Batch ID:** GN43528

- All samples were analyzed within the recommended method holding time.
- All method blanks for this batch meet method specific criteria.
- Sample(s) JC17314-1DUP were used as the QC samples for Solids, Total Suspended.

Wet Chemistry By Method SM4500NH3 H-11LACHAT

Matrix: AQ **Batch ID:** GP96657

- All samples were prepared within the recommended method holding time.
- All method blanks for this batch meet method specific criteria.
- Sample(s) JC17114-1DUP, JC17114-1MS, JC17114-1MSD were used as the QC samples for Nitrogen, Ammonia.

Wet Chemistry By Method SM5210 B-11

Matrix: AQ **Batch ID:** GP96299

- All samples were prepared within the recommended method holding time.
- All method blanks for this batch meet method specific criteria.
- Sample(s) JC16420-1DUP were used as the QC samples for BOD, 5 Day.

Wet Chemistry By Method SM5220 C-11,HACH8000

Matrix: AQ **Batch ID:** GP96630

- All samples were prepared within the recommended method holding time.
- All method blanks for this batch meet method specific criteria.
- Sample(s) JC17298-2DUP, JC17298-2MS were used as the QC samples for Chemical Oxygen Demand.

Wet Chemistry By Method SM5310 B-11

Matrix: AQ **Batch ID:** GP96824

- All samples were prepared within the recommended method holding time.
- All method blanks for this batch meet method specific criteria.
- Sample(s) JC17317-1MS, JC17317-1MSD were used as the QC samples for Total Organic Carbon.

Accutest certifies that data reported for samples received, listed on the associated custody chain or analytical task order, were produced to specifications meeting Accutest's Quality System precision, accuracy and completeness objectives except as noted.

Estimated non-standard method measurement uncertainty data is available on request, based on quality control bias and implicit for standard methods. Acceptable uncertainty requires tested parameter quality control data to meet method criteria.

Accutest Laboratories is not responsible for data quality assumptions if partial reports are used and recommends that this report be used in its entirety. Data release is authorized by Accutest Laboratories indicated via signature on the report cover

Summary of Hits

Job Number: JC17317
Account: Golder Associates, Inc.
Project: IBM Manassas, 8976 Wellington Road, Manassas, VA
Collected: 03/30/16

Lab Sample ID Analyte	Client Sample ID	Result/ Qual	RL	MDL	Units	Method

JC17317-1 **MO33116NB101B**

No hits reported in this sample.

JC17317-2 **MO33116NOF34B**

No hits reported in this sample.

JC17317-3 **MO33116NPW07B**

No hits reported in this sample.

JC17317-4 **MO33116ND47B**

No hits reported in this sample.

Sample Results

Report of Analysis

Report of Analysis

Client Sample ID:	MO33116NB101B		
Lab Sample ID:	JC17317-1	**Date Sampled:**	03/30/16
Matrix:	AQ - Ground Water	**Date Received:**	03/31/16
		Percent Solids:	n/a
Project:	IBM Manassas, 8976 Wellington Road, Manassas, VA		

General Chemistry

Analyte	Result	RL	Units	DF	Analyzed	By	Method
BOD, 5 Day	< 2.0	2.0	mg/l	1	03/31/16 19:16	LS	SM5210 B-11
Chemical Oxygen Demand	< 20	20	mg/l	1	04/01/16 15:24	JA	SM5220 C-11,HACH8000
Nitrogen, Ammonia	< 0.20	0.20	mg/l	1	04/04/16 10:05	BM	SM4500NH3 H-11LACHAT
Solids, Total Suspended	< 4.0	4.0	mg/l	1	04/03/16 10:15	LA	SM2540 D-11
Total Organic Carbon	< 1.0	1.0	mg/l	1	04/09/16 20:28	KP	SM5310 B-11

RL = Reporting Limit

Report of Analysis

Client Sample ID:	MO33116NOF34B		
Lab Sample ID:	JC17317-2	**Date Sampled:**	03/30/16
Matrix:	AQ - Ground Water	**Date Received:**	03/31/16
		Percent Solids:	n/a
Project:	IBM Manassas, 8976 Wellington Road, Manassas, VA		

General Chemistry

Analyte	Result	RL	Units	DF	Analyzed	By	Method
BOD, 5 Day	< 2.0	2.0	mg/l	1	03/31/16 19:19	LS	SM5210 B-11
Chemical Oxygen Demand	< 20	20	mg/l	1	04/01/16 15:24	JA	SM5220 C-11,HACH8000
Nitrogen, Ammonia	< 0.20	0.20	mg/l	1	04/04/16 10:06	BM	SM4500NH3 H-11LACHAT
Solids, Total Suspended	< 4.0	4.0	mg/l	1	04/03/16 10:15	LA	SM2540 D-11
Total Organic Carbon	< 1.0	1.0	mg/l	1	04/09/16 21:21	KP	SM5310 B-11

RL = Reporting Limit

Report of Analysis

Client Sample ID:	MO33116NPW07B		
Lab Sample ID:	JC17317-3	**Date Sampled:**	03/30/16
Matrix:	AQ - Ground Water	**Date Received:**	03/31/16
		Percent Solids:	n/a
Project:	IBM Manassas, 8976 Wellington Road, Manassas, VA		

General Chemistry

Analyte	Result	RL	Units	DF	Analyzed	By	Method
BOD, 5 Day	< 2.0	2.0	mg/l	1	03/31/16 19:21	LS	SM5210 B-11
Chemical Oxygen Demand	< 20	20	mg/l	1	04/01/16 15:24	JA	SM5220 C-11,HACH8000
Nitrogen, Ammonia	< 0.20	0.20	mg/l	1	04/04/16 10:06	BM	SM4500NH3 H-11LACHAT
Solids, Total Suspended	< 4.0	4.0	mg/l	1	04/03/16 10:15	LA	SM2540 D-11
Total Organic Carbon	< 1.0	1.0	mg/l	1	04/09/16 21:31	KP	SM5310 B-11

RL = Reporting Limit

Report of Analysis

Client Sample ID:	MO33116ND47B		
Lab Sample ID:	JC17317-4	**Date Sampled:**	03/30/16
Matrix:	AQ - Ground Water	**Date Received:**	03/31/16
		Percent Solids:	n/a
Project:	IBM Manassas, 8976 Wellington Road, Manassas, VA		

General Chemistry

Analyte	Result	RL	Units	DF	Analyzed	By	Method
BOD, 5 Day	< 2.0	2.0	mg/l	1	03/31/16 19:23	LS	SM5210 B-11
Chemical Oxygen Demand	< 20	20	mg/l	1	04/01/16 15:24	JA	SM5220 C-11,HACH8000
Nitrogen, Ammonia	< 0.20	0.20	mg/l	1	04/04/16 10:07	BM	SM4500NH3 H-11LACHAT
Solids, Total Suspended	< 4.0	4.0	mg/l	1	04/03/16 10:15	LA	SM2540 D-11
Total Organic Carbon	< 1.0	1.0	mg/l	1	04/09/16 21:41	KP	SM5310 B-11

RL = Reporting Limit

Misc. Forms

Custody Documents and Other Forms

Includes the following where applicable:

- Chain of Custody
- Sample Tracking Chronicle
- Internal Chain of Custody

CHAIN OF CUSTODY

SGS ACCUTEST

SGS Accutest - Dayton
2235 Route 130, Dayton, NJ 08810
TEL. 732-329-0200 FAX: 732-329-3499/3480
www.accutest.com

PAGE 1 OF 1

GW

FED-EX Tracking # 6314 9167 2785 | Bottle Order Control # |
SGS Accutest Quote # | SGS Accutest Job # JC17317

Client / Reporting Information

Company Name: Golder Associates, Inc.
Street Address: 2108 West Laburnum Ave. Suite 200
City: Richmond State: VA Zip: 23227
Project Contact: Joseph Churd E-mail:
Phone #: 804-934-1798 Fax #:
Sampler(s) Name(s): Joe Churd Phone #:

Project Information

Project Name: IBM Manassas - VPDES Permit Application
Street: 8976 Wellington Rd.
City: Manassas State: VA
Project #: 083963516
Client Purchase Order #:
Project Manager: Brian Eichler

Billing Information (if different from Report to)

Company Name:
Street Address:
City: State: Zip:
Attention:

Requested Analysis (see TEST CODE sheet)

SGS Accutest Sample #	Field ID / Point of Collection	MEOH/DI Vial #	Collection Date	Collection Time	Sampled by	Matrix	# of bottles	Preserved Bottles: HCl	NaOH	HNO3	H2SO4	NONE	DI Water	MEOH	ENCORE	BOD-Biological Oxygen Demand	TOC-Total Organic Carbon	Ammonia as N	TSS - Total Suspended Solids	COD-Chemical Oxygen Demand	LAB USE ONLY
1	MO33116NB101B		3/30/16	1240	JC	GW	5	X			X					X	X	X	X	X	6'5
2	MO33116NOF34B		3/30/16	1510	JC	GW	5	X			X					X	X	X	X	X	6'4 I3
3	MO33116NPW07B		3/30/16	1530	JC	GW	5	X			X					X	X	X	X	X	19F3
4	MO33116ND47B		3/30/16	1559	JC	GW	5	X			X					X	X	X	X	X	

Matrix Codes

DW - Drinking Water
GW - Ground Water
WW - Water
SW - Surface Water
SO - Soil
SL - Sludge
SED-Sediment
OI - Oil
LIQ - Other Liquid
AIR - Air
SOL - Other Solid
WP - Wipe
FB-Field Blank
EB-Equipment Blank
RB- Rinse Blank
TB-Trip Blank

INITIAL ASESSMENT BF 3/31.
LABEL VERIFICATION LG

Turnaround Time (Business days)

Approved By (SGS Accutest PM): / Date:

- [X] Std. 10 Business Days
- [ ] 5 Day RUSH
- [ ] 3 Day RUSH
- [ ] 2 Day RUSH
- [ ] 1 Day RUSH
- [ ] other

Emergency & Rush T/A data available VIA Lablink

Data Deliverable Information

- [ ] Commercial "A" (Level 1)
- [ ] Commercial "B" (Level 2)
- [ ] FULLT1 (Level 3+4)
- [ ] NJ Reduced
- [ ] Commercial "C"
- [ ] NJ Data of Known Quality Protocol Reporting
- [ ] NYASP Category A
- [ ] NYASP Category B
- [ ] State Forms
- [X] EDD Format
- [X] Other See Contract

Commercial "A" = Results Only, Commercial "B" = Results + QC Summary
NJ Reduced = Results + QC Summary + Partial Raw data

Comments / Special Instructions

G6LNHM39964

Sample inventory is verified upon receipt in the Laboratory

Sample Custody must be documented below each time samples change possession, including courier delivery.

Relinquished by Sampler:	Date Time:	Received By:	Relinquished By:	Date Time:	Received By:
1	3/30/16 1845	1 FED EX	2 FED EX	3-31-16 915	2
Relinquished by Sampler: 3	Date Time:	Received By: 3	Relinquished By: 4	Date Time:	Received By: 4
Relinquished by: 5	Date Time:	Received By: 5	Custody Seal # 669 [ ] Intact [ ] Not intact	Preserved where applicable [X]	On Ice [ ] Cooler Temp. 2.1° IP

5.1 5

Job Number: JC17317 **Client:** GOLDER ASSOC. **Project:** IBM MANASSAS- VPDES PERMIT APPLICATI

Date / Time Received: 3/31/2016 9:15:00 AM **Delivery Method:** FedEx **Airbill #'s:** 6514 9167 2785

Cooler Temps (Raw Measured) °C: Cooler 1: (2.1);

Cooler Temps (Corrected) °C: Cooler 1: (2.5);

Cooler Security	Y	or	N		Y	or	N
1. Custody Seals Present:	☑		☐	3. COC Present:	☑		☐
2. Custody Seals Intact:	☑		☐	4. Smpl Dates/Time OK	☑		☐

Cooler Temperature	Y	or	N
1. Temp criteria achieved:	☑		☐
2. Cooler temp verification:	IR Gun		
3. Cooler media:	Ice (Bag)		
4. No. Coolers:	1		

Quality Control _Preservation	Y	or	N	N/A
1. Trip Blank present / cooler:	☐		☐	☑
2. Trip Blank listed on COC:	☐		☐	☑
3. Samples preserved properly:	☑		☐	
4. VOCs headspace free:	☐		☐	☑

Sample Integrity - Documentation	Y	or	N
1. Sample labels present on bottles:	☑		☐
2. Container labeling complete:	☑		☐
3. Sample container label / COC agree:	☑		☐

Sample Integrity - Condition	Y	or	N
1. Sample recvd within HT:	☑		☐
2. All containers accounted for:	☑		☐
3. Condition of sample:	Intact		

Sample Integrity - Instructions	Y	or	N	N/A
1. Analysis requested is clear:	☑		☐	
2. Bottles received for unspecified tests	☐		☑	
3. Sufficient volume recvd for analysis:	☐		☑	
4. Compositing instructions clear:	☐		☐	☑
5. Filtering instructions clear:	☐		☐	☑

Comments 1) -1 THRU -4 ONLY RECEIVED 1 1000ML TSS VOLUME , LIMITED VOLUME.

Problem Resolution

Accutest Job Number: JC17317

CSR: _____ **Response Date:** 3/31/2016

Response: Proceed with analysis

JC17317: Chain of Custody
Page 3 of 3

VPDES PERMIT APPLICATION ADDENDUM
PERMIT NO. VA0085901

1. **Entity to whom the permit is to be issued:** IBM Corporation

   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
   IBM Corporation

2. **Is this facility located within city or town boundaries?** Yes ~~No~~
   Outfalls 001, 002, and 003 are located in the City of Manassas. Outfall 004 is located in Prince William County.

3. **Please provide the tax map parcel number for the land where the discharge is located:** _____
   See attached notes.

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **What is the design average flow of this facility in million gallons per day (MGD)?** _____**(MGD) For industrial facilities, provide the maximum 30-day average production level, include units:**
   See attached notes.

6. **In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** ~~Yes~~ No
   If yes, please identify the other flow tiers in MGD: _____
   Please consider the following as you answer the questions in #5 above for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

7. **Nature of operations generating wastewater:** Groundwater remediation

   0 % of flow from domestic connections/sources

   Number of private residences to be served by the treatment works: 0

   100 % of flow from non-domestic connections/sources

8. **Mode of discharge:** X Continuous _____ Intermittent _____ Seasonal

   Describe frequency and duration of intermittent and seasonal discharges: _____

9. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point(s):**

Stream Characteristic	Outfall Number						
	001	002	003	004			
Permanent stream, never dry							
Intermittent stream, usually flowing, sometimes dry				X			
Ephemeral stream, wet-weather flow, often dry	X	X	X				
Effluent-dependent stream, usually or always dry							
Lake or pond at or below discharge point							
Other:							

10. **Approval date(s), if applicable:**

O & M Manual March 13, 2012 **Sludge/Solids Management Plan** Not Applicable

Have there been changes in your operation or procedures since the above approval dates? ~~Yes~~ No

11. **Privately Owned Treatment Works:** If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority.

12. **Please provide a list of Materials stored at the facility. Please complete the table below or attach another page if more room is necessary.**

Material Storage		
Materials Description	Volume Stored	Spill/Stormwater Prevention Measures
Not Applicable		

13. **Please provide the name and email addresses for personnel who will be involved with the reissuance of the VPDES permit:**

Name	Title	E-mail Address
Dean Chartrand	Program Manager	chartd@us.ibm.com

14. **Consent to receive Electronic Mail**

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: chartd@us.ibm.com

☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.

VPDES Permit Application Addendum Notes

VPDES Permit No. VA0085901
IBM Corporation
Manassas, VA

Item 3. Provide the tax map parcel number for the land where the discharge is located:

Outfall	Municipality	Tax Map Parcel
001	City of Manassas	102-01-00-7
002	City of Manassas	102-01-00-23F
003	City of Manassas	112-34A-00-E
004	Prince William County	7796-01-00-7

Item 5. What is the design average flow of this facility?

Outfall	Design Flow MGD)
001	0.252
002	0.252
003	0.252
004	0.504

OUTFALL 004

SGS Accutest

Report of Analysis

Client Sample ID:	M040516NPW07B		
Lab Sample ID:	JC17701-3	**Date Sampled:**	04/05/16
Matrix:	AQ - Ground Water	**Date Received:**	04/06/16
Method:	EPA 624	**Percent Solids:**	n/a
Project:	IBM Manassas, 8976 Wellington Road, Manassas, VA		

	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	N253970.D	1	04/08/16	DC	n/a	n/a	VN10740
Run #2							

	Purge Volume
Run #1	5.0 ml
Run #2	

VOA PPL List

CAS No.	Compound	Result	RL	MDL	Units	Q
71-43-2	Benzene	ND	1.0	0.11	ug/l	
75-27-4	Bromodichloromethane	ND	1.0	0.14	ug/l	
75-25-2	Bromoform	ND	1.0	0.15	ug/l	
74-83-9	Bromomethane	ND	1.0	0.20	ug/l	
56-23-5	Carbon tetrachloride	ND	1.0	0.19	ug/l	
108-90-7	Chlorobenzene	ND	1.0	0.12	ug/l	
75-00-3	Chloroethane	ND	1.0	0.19	ug/l	
110-75-8	2-Chloroethyl vinyl ether	ND	5.0	0.73	ug/l	
67-66-3	Chloroform	ND	1.0	0.11	ug/l	
74-87-3	Chloromethane	ND	1.0	0.22	ug/l	
124-48-1	Dibromochloromethane	ND	1.0	0.22	ug/l	
95-50-1	1,2-Dichlorobenzene	ND	1.0	0.15	ug/l	
541-73-1	1,3-Dichlorobenzene	ND	1.0	0.15	ug/l	
106-46-7	1,4-Dichlorobenzene	ND	1.0	0.13	ug/l	
75-71-8	Dichlorodifluoromethane	ND	2.0	0.54	ug/l	
75-34-3	1,1-Dichloroethane	ND	1.0	0.16	ug/l	
107-06-2	1,2-Dichloroethane	ND	1.0	0.21	ug/l	
75-35-4	1,1-Dichloroethene	ND	1.0	0.22	ug/l	
156-59-2	cis-1,2-Dichloroethene	ND	1.0	0.30	ug/l	
156-60-5	trans-1,2-Dichloroethene	ND	1.0	0.14	ug/l	
540-59-0	1,2-Dichloroethene (total)	ND	1.0	0.14	ug/l	
78-87-5	1,2-Dichloropropane	ND	1.0	0.17	ug/l	
10061-01-5	cis-1,3-Dichloropropene	ND	1.0	0.16	ug/l	
10061-02-6	trans-1,3-Dichloropropene	ND	1.0	0.17	ug/l	
100-41-4	Ethylbenzene	ND	1.0	0.11	ug/l	
76-13-1	Freon 113	ND	2.0	0.53	ug/l	
75-09-2	Methylene chloride	ND	1.0	0.16	ug/l	
79-34-5	1,1,2,2-Tetrachloroethane	ND	1.0	0.18	ug/l	
127-18-4	Tetrachloroethene	ND	1.0	0.17	ug/l	
109-99-9	Tetrahydrofuran	ND	2.0	1.3	ug/l	
108-88-3	Toluene	ND	1.0	0.12	ug/l	
71-55-6	1,1,1-Trichloroethane	ND	1.0	0.17	ug/l	

ND = Not detected MDL = Method Detection Limit
RL = Reporting Limit
E = Indicates value exceeds calibration range

J = Indicates an estimated value
B = Indicates analyte found in associated method blank
N = Indicates presumptive evidence of a compound

SGS Accutest

Report of Analysis

Client Sample ID:	M040516NPW07B		
Lab Sample ID:	JC17701-3	**Date Sampled:**	04/05/16
Matrix:	AQ - Ground Water	**Date Received:**	04/06/16
Method:	EPA 624	**Percent Solids:**	n/a
Project:	IBM Manassas, 8976 Wellington Road, Manassas, VA		

VOA PPL List

CAS No.	Compound	Result	RL	MDL	Units	Q
79-00-5	1,1,2-Trichloroethane	ND	1.0	0.18	ug/l	
79-01-6	Trichloroethene	ND	1.0	0.16	ug/l	
75-69-4	Trichlorofluoromethane	ND	2.0	0.55	ug/l	
95-63-6	1,2,4-Trimethylbenzene	ND	2.0	0.15	ug/l	
108-67-8	1,3,5-Trimethylbenzene	ND	2.0	0.16	ug/l	
75-01-4	Vinyl chloride	ND	1.0	0.19	ug/l	
1330-20-7	Xylenes (total)	ND	1.0	0.24	ug/l	

CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits
17060-07-0	1,2-Dichloroethane-D4 (SUR)	111%		72-125%
2037-26-5	Toluene-D8 (SUR)	99%		78-119%
460-00-4	4-Bromofluorobenzene (SUR)	105%		74-115%
1868-53-7	Dibromofluoromethane (S)	102%		79-120%

ND = Not detected MDL = Method Detection Limit
RL = Reporting Limit
E = Indicates value exceeds calibration range

J = Indicates an estimated value
B = Indicates analyte found in associated method blank
N = Indicates presumptive evidence of a compound

OUTFALL 004

SGS Accutest

Report of Analysis

Client Sample ID:	M041316NPW07B		
Lab Sample ID:	JC18410-1	**Date Sampled:**	04/13/16
Matrix:	AQ - Ground Water	**Date Received:**	04/15/16
Method:	EPA 608 EPA 608	**Percent Solids:**	n/a
Project:	IBM Manassas, 8976 Wellington Road, Manassas, VA		

	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	6G34283.D	1	04/20/16	BP	04/19/16	OP93196	G6G992
Run #2							

	Initial Volume	Final Volume
Run #1	990 ml	5.0 ml
Run #2		

CAS No.	Compound	Result	RL	MDL	Units	Q
76-44-8	Heptachlor	ND	0.010	0.0019	ug/l	

CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits
877-09-8	Tetrachloro-m-xylene	86%		21-137%
877-09-8	Tetrachloro-m-xylene	85%		21-137%
2051-24-3	Decachlorobiphenyl	107%		10-121%
2051-24-3	Decachlorobiphenyl	100%		10-121%

ND = Not detected MDL = Method Detection Limit
RL = Reporting Limit
E = Indicates value exceeds calibration range

J = Indicates an estimated value
B = Indicates analyte found in associated method blank
N = Indicates presumptive evidence of a compound

SGS Accutest

Report of Analysis

Client Sample ID:	M040516NPW07B		
Lab Sample ID:	JC17701-3	**Date Sampled:**	04/05/16
Matrix:	AQ - Ground Water	**Date Received:**	04/06/16
		Percent Solids:	n/a
Project:	IBM Manassas, 8976 Wellington Road, Manassas, VA		

Total Metals Analysis

Analyte	Result	RL	Units	DF	Prep	Analyzed	By	Method	Prep Method
Selenium	3.5	1.0	ug/l	1	04/12/16	04/12/16	JO	EPA 200.8 (1)	EPA 200.8 (2)

(1) Instrument QC Batch: MA39162
(2) Prep QC Batch: MP93077

RL = Reporting Limit